Center Scan

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St. Cloud Hospital

SAINT CLOUD HOSPITAL

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center scan

The hospital at night

At night the hospital is a different place, quiet and barely peopled. Doors open wide all day, close, and are locked. The print shop, public relations, purchasing, administration, and other support offices shut down. Their corridors are silent and dark. The hospital becomes, in a sense, pure, stripped to its essentials. The only business going on is patient care.

Nurses work in islands of subdued lighting at the nursing stations, sometimes leaving to check on patients or change medications. The nights, they say, can be nice. Or they can be hard.

Walking the darkened floors from island to island is the night nursing supervisor. Her night is a restless voyage, going everywhere, answering all questions. She is the boss, yet no task can be below her or above her. Another kind of change takes place at night. People who work alone can relax. So long as they do their job, they don't have to worry about being interrupted, or about interfering with others. They play their own kind of music, as loud as they like it. They wear slippers if they want to. There's a heightened sense of teamwork at night. As individuals, night workers have to rely on their own abilities, because they don't have people to consult with or be checked by. So it becomes a team of people, each doing his or her job, each dependent on the other.

At night the floors are dim other than where the nursing stations create islands of light.

The hospital at night is a different place.

Only in the emergency trauma center is there the same charged atmosphere that exists during the day. The night is unpredictable. Bars empty out their intoxicated crowds to fall, argue, and climb into cars. Bad things sometimes happen while the day shifts sleep.

This *Center Scan* contains stories about some of the people who work all night.

— John L. Pepper

Switchboard: the hospital's first line of contact

Nobody's job is as simple as it seems.

At night, you might think, switchboard must be easy. The only difficult thing would be staying awake. After midnight, who calls? If all Pat Honer had to do was answer the phone, you might be right.

Honer works nights only. It's a ten hour shift, 9 to 7, three nights a week, plus holidays. Usually, she works alone. "I really like it a lot," she says.

The switchboard is housed in a small, warm room, facing a large glass window that looks out at the interior darkness. It seems that all the alarm systems go through here, because Honer is surrounded by screens and wires. A boy might pretend he was at the control center of a starship, floating in the void.

Honer is at the center of hospital communications. She keeps track of codes. She keeps track of medical personnel, so she can call them if they are needed. She relays out of town calls to physicians, becomes the information desk, records patient transfers, responds to various kinds of signals, like the one that tells her if oxygen pressure is running low. "All kinds of different little things. I love it. I really do." And in between the different calls she takes and makes, she goes through the doctors' files, putting material into them, and checking to see that the correct paperwork has wound up in each doctor's packet.

Usually switchboard operator Pat Honer works the night alone. But because she is training Marge Smolnik, she has a little company.

When the shift begins, calls are still coming in for patients. But at 10, they die down. That's when her night really begins. She doesn't relay calls to patients' rooms after 10. People must either have a direct line, or ask for the nursing station. And at 10, admissions moves down to the emergency trauma center, leaving Honer alone to create her own relaxed atmosphere. "Then I can play my country music or spiritual music, and put on my bedroom slippers."

"Working these shifts is more efficient," Honer says. "I used to work days, but the shifts were shorter. I live out of town, so I was wasting time driving in. And, there's a lot more commotion during the day. I don't miss that at all. You know, our department is the first contact for many people who come here. First impressions count a lot."

— John L. Pepper

When treatment and paperwork begins: admissions

Like many other people working nights, admitting clerk Delores Orcutt has a personalized shift. She works three nights and two days a week.

Admissions moves to the emergency trauma center at 10 p.m., so that by the time she begins at 11, she can go straight there. She's responsible for the same things that have to be dealt with during the day, going through the admitting paperwork, and registering births and deaths.

But working at night is different, she says. Often, she's the first person patients have contact with when they come in. At night, especially after a few drinks, not everyone is in a fit state to understand why it's necessary to complete paperwork. They want treatment, not questions. "They don't understand that until I've entered them into the computer system the other areas can't deal with them," Orcutt explains. "If the lab, X-ray or pharmacy is going to deal with this patient they'll need to be able to access the account."

And sometimes, though the person needing treatment is cooperative, the people who bring the patient in are not. Sometimes they are the ones who are unreasonable and noisy, Orcutt says. "I hope this doesn't sound like we get a lot of drunk patients at night. Most of them aren't."

It's determined that one of the emergency room patients has appendicitis. She needs to be admitted. Orcutt calls Bernice Schoenborn, the night nursing supervisor, and provides her with the necessary information to ensure there will be a room available after surgery. "We have a good working relationship, the people who work nights," she says.

— John L. Pepper

Night in the emergency trauma center is unpredictable. At times everyone is rushing to deal with patients. Then there are lulls. Mary Foy, RN, flanked by an unidentified nurse and transcriber Lois Ziemer, has worked in the ETU for 21 years.

In still of night, pain worsens, emergencies continue

If you had one word to describe the emergency trauma center (ETC), unpredictable might do it.

Maybe that's why the people who work there seem to have this indomitable spirit. They just can't let things get them down or they won't last. They handle the raw horror of mangled bodies and startled grief without the reward of watching over a patient's recovery.

If all nights are unpredictable, Thursdays are predictably unpredictable. Because downtown, it's Thirsty Thursday, and that generates business for tavern owners and the ETC alike. There are beatings, lacerations, traffic accidents, all kinds of alcohol induced incidents. Mary Foy and Jan Steeves are R.N.'s. They share this night with two ETU aides and a secretary. There's a physician with a patient in a room, an admissions clerk at her desk, and a security guard who is basically maintaining a presence.

A police officer comes in and tells them that it's unusually quiet downtown. The ETC remains quiet, but it remains unpredictable. There's no respite from traditional illness. And sure enough, a stroke victim comes in, a woman suffering abdominal pain (diagnosed as appendicitis), a boy with constipation, a man with neck pain, a baby with croup, a few other minor ills and ailments. The night has little flurries, punctuated by waits for X-ray or blood-work.

Generally, you get a completely different type of patient at night, Steeves says. People's problems become more magnified and more urgent. People can tolerate less at night. And the emergency room is the only place to go. "What sometimes happens is a patient sits there with a cut, and to the patient it looks like it's a bad cut, but compared to what is being dealt with in the treatment rooms, it's not. People are seriously ill back there, so a cut isn't going to get a lot of immediate attention. It's hard to satisfy people at times like that," she says. Dealing with people, and trying to keep them satisfied, becomes an important part of the job.

One of the facets Steeves enjoys about working nights is the greater personal contact. You know who you're calling, she said, so when the call goes out to lab, or security, or the switchboard, it's to somebody you feel you know. "You're all in this together. And no matter what comes through the door, you can deal with it."

— John L. Pepper

Routine, preparation, and rush jobs in the laboratory

Visiting the lab during night time hours may be injurious to the ears. Medical technologists like their music LOUD!

Marleen Hartjes and Anita Herold both work nights. They have the whole lab to themselves, which forces them to be generalists, able to handle anything that, literally, comes down the tube. They move around purposefully amid what seems to be a mismatch of old and new technology. Little burners and test tube racks that look like they belong in a home chemistry kit share bench space with computerized multi-function testing devices that could sit on a Star Wars movie set.

Actually, they say, much of their work is routine. The ICU and CCU send lab work down routinely 24 hours a day; there are urine cultures to do, and work generated by the emergency trauma center. It's all work geared toward helping physicians with their diagnoses. "Other than that, there's a lot of clean up and set up. I like to think that we're facilitators for what goes on during the day," Hartjes says.

Working nights, they say, is like working in a small hospital. If blood has to be drawn, they go do it, and complete the workup on it. It's all much more personal than it might be during the day.

"You might think this is strange, but nights is like a sub-culture in the hospital," Hartjes says. "In the day, it seems like you're working for the lab. But at night, it's like you're working for the hospital. You're more responsible for the work. There's a real need. There's more excitement at night. You feel like you're doing something really important."

One of the many devices lining the walls begins clattering a print-out. A large light above it comes on. "When the light comes on it's something we need to do right away," Herold explains as she walks to it. A bottled urine sample from an emergency room patient drops through the tube and she begins the testing.

— John L. Pepper

Being responsible for all lab work required at night forces Marleen Hartjes and Anita Herold to be generalists. They like that.

Each floor's medications are prepared, checked and delivered by the pharmacy. As technician Karen Trobec worked at the computer, pharmacist Larry Olson checked that 4NW was getting what it ordered.

Preparing morning meds, pharmacists work all night

If you were pushed to guess you might say Larry Olson was a military man. There's something about him which indicates precision. His shoes are well polished. His cleanshaven, lean face suggests fitness. He wears gold rimmed bifocals and a simple, stylish gold watch. His speech is clear, and his responses are prepared. Precision is a becoming trait in a pharmacist.

Olson works seven straight nights of 11 hour shifts every second week. At 9 p.m., when he arrives, the pharmacy is still busy. But other shifts finish, eventually leaving him alone with one night technician. Their night is spent preparing medications for the next day, and dealing with whatever the evening brings in.

On this night the technician is Karen Trobec. At about 4 a.m. she will take out the first cart of medications to be delivered to nursing stations. This is her first week, after training in on the day shift. She wanted a night job so she could have her weekends and days free for her family. She likes it so far, but she misses the people she got to know working days.

Sometimes same day surgery patients come in as early as 5:30 a.m., needing pre-operative medication. On this night, as on many other nights, a patient needing surgery comes into emergency. Olson has to prepare the medications required for the appendectomy.

There's a satisfaction to be gained from independence, he says. "You rely on your own skills, knowledge, accuracy and integrity, because nobody's looking over your shoulder. There's nobody to ask."

Like many others who work nights, Olson talks about teamwork, and how all the night staff seem to appreciate each other. "There's a camaraderie between night staff. For example, last Tuesday there was a night shift breakfast at Charlie's. There's a sense of teamwork. Everything I do at night is instantly appreciated. There's a mutual response."

Under the bright lights of the pharmacy you wouldn't know it was night, were it not for the fact that with just Olson and Trobec there, it's peaceful.

"Yes, at night, it can be quiet for a while, but then it just blossoms into activity," Olson says. "I think that's why people who work nights like it. It's kind of exciting. It keeps you on the edge."

— John L. Pepper

Night nursing supervisor: the captain of the ship

"I'm always where the action is, always where the excitement is." Bernice Schoenborn, R.N., M.S.N., smiles a little smile and says in her soft-spoken way, "I like that."

She walks briskly from one nursing station to another, always taking the stairs, light on her feet, friendly and businesslike.

She hears a television inside a patient's room. It's one a.m., so she goes inside. "Hi Tim, how are you tonight?" she asks. He's not doing too well. She talks with him a few minutes before coming back out. She knows many of the seriously ill patients, those who've been here a while, by name. She knows the nurses. She knows where everything is, and how everything is done. She becomes the eyes and ears of the hospital at night. She's the person in charge.

But as the night nursing supervisor, Schoenborn's is a different kind of authority. If something needs to be done, she's the one to tell, and often the one to do. There isn't a large staff around that she can delegate to. "I'm sort of the troubleshooter," she says. "I've become a very good mechanic, but I've been doing this for a long time." So when a nurse pages her to say that she needs a blood pressure unit from distribution, Schoenborn goes to get it. She walks straight to the shelf at the back of the room, knowing where it is, because she's been there before.

"I've never worked days, though I used to work evenings a lot," Schoenborn says. "I love it. I wouldn't do anything else. I worked nights so that I could spend more time with my family. I was able to have breakfast and supper with my children, and I slept while they were at school. It has helped me keep my family life healthy. I wouldn't have done it any other way."

Her night begins with a briefing from the previous shift's charge nurse, on what is happening around the hospital. By 11:30 she is out on her rounds. At each nursing station she greets the nurses and asks if anything needs her attention. "How is it tonight?" she asks. They chat a little, about the patients, and about things going on in their personal lives. As she leaves she tells them, "If you need anything, just call me."

Wherever she meets nurses night nursing supervisor Bernice Schoenborn asks how the night is going. Here she talks to graduate nurse Bev Koppendrayer.

Admissions pages her to tell her that a patient is coming in from Onamia, and will require a CAT scan. The emergency trauma center can't spare a staff member to go with the patient, so Schoenborn calls another floor where they have a float nurse, and asks her to be prepared to go down to the ETC in a little while. She organizes the situation.

Most of the nursing station visits are routine, but not all. One nurse needs help with a cooling blanket. Another needs help with a difficult IV. While Schoenborn is at 4 south a nurse leaves to check in on a patient. The phone rings and Schoenborn answers it. It's the nurse calling back. Quietly, Schoenborn motions to a second nurse, "She needs help." They walk out of the nursing station then break into a run, white shapes fluttering in the darkened hallway. It remains very quiet.

— John L. Pepper

Adaptability is night nurses' strongpoint, says manager

Nurses are very independent practitioners on nights. "The hospital looks for experienced night people, because there is only a core staff," Barb Scheiber says. "They have to be able to deal with things on their own; they have to be able to punt. It's especially true at night."

And, she adds, it's especially true today. According to Scheiber, nursing support manager, the night nurses are busier than people think. And today, with patients spending less time in hospital, the nurse is dealing with a sicker population. That means the occasional quiet periods have become less frequent. Because they are taking medication to help them sleep, some patients tend to get confused at night, Scheiber says, and they are likely to pull tubes out, or wander away from their rooms. Aside from the predictable routines of the night shift, there are lots of unpredictables. All floors are busy, because they all have their general and particular duties, and each is staffed according to its needs. But on any night, the admission count can suddenly rise, or a number of patients can develop problems. And the hospital can be a little scary at night, when it's dark and quiet. Unexpected noise from a hallway or room cannot be ignored. Nurses have to investigate, and they don't know what they may be walking into.

"They have to be able to deal with things on their own; they have to be able to punt. It's especially true at night."

"I'll never forget being oriented to nights," Scheiber says. "I was told to 'make sure they're breathing'. Working days you never have to think about that. Patients are sitting up, they're seeing visitors. You know how they're doing. But at night, they're just lying there. So I went from room to room, bending near to the patients, checking for respiration. It was strange."

After one particularly bad night Scheiber went home and filled out applications for other jobs. "There were four of us working that night," she says, "but in every patient's room something was happening. We had one patient who started bleeding, and we only just got him to the ICU on time. He nearly died. What happens if patients die? The responsibility on a nurse is something great. I felt so alone, really alone. I decided I couldn't deal with it. I left work knowing they were all alive, but I thought, nursing's not for me."

Scheiber can laugh about it now. She has lots of stories from those times (most of which she doesn't want printed), and she also has a lot of respect for the night staff.

Confidence and teamwork are the positive side of the uncertainty night shifts bring. Nurses learn how to make decisions, and they learn to depend on each other. That's why many, like Scheiber, find after they have worked a few nights they want to continue with them. And though her night shifts are now just memories, they remain special to her.

—John L. Pepper

Riverfront's night shift specials greeted warmly

Food to go is the main order for the night meal specials nutrition services makes available to third shift workers. Jolene Ellenbecker hands Dan Traux, R.N., CCU, his BBQ Beef on a Bun.

Medical records opens doors to night staffing

(At the time of writing, medical records was not staffed during night hours. However, concrete plans were laid for night staffing, so Center Scan *talked to Alice Frechette, medical records manager, about those plans.)*

Medical records should be staffed at night by the time this *Center Scan* is available to readers.

Night time opening will begin by late January or early February, Frechette says, depending on when the assembly clerk hired for the position is available to start. Night staffing will improve efficiency of the medical records office, provide improved service to physicians, and help nursing supervisors. "At the moment, when we aren't here, the nursing supervisors have to get the records, and they are already very busy," Frechette explains. "Having us here will leave them free to deal with nursing." At least three records are needed each night, she says, for patients admitted through the emergency trauma center. Frechette believes that more records would be requested if the appropriate person was available to answer the request. Frequently there is a physician in the hospital at night, waiting for surgery, or waiting for a birth, who would welcome access to medical records. "Other hospitals do this," she says, "and though its an experiment at first, we expect it to build into full 24-hour service."

The night clerk will have more to do than sit by the phone, according to Cathy Andrick, medical records supervisor. There are a number of filing and checking operations that can be easily completed at night when there is less hubbub, and more opportunity to work relatively free of interruption.

— John L. Pepper

Opening medical records at night allows Michol Andersen to work without interruption and frees the night nursing supervisor from having to locate records.

Below B level, the operating engineer keeps power flowing

In a hospital of solitary people, none is so completely isolated as the operating engineer.

Just try finding the boiler room sometime. Four regular and three relief operators rotate shifts to keep it staffed 24 hours each day. One of them is Al Harlander.

Even during the day, the boiler operator doesn't hear from too many people. "It can be a lonely job," Harlander acknowledges. It's also one that not many people know about or understand. He usually hears from people only when they have a problem. "Just let the steam pressure go down or the lights go out and we have a well used phone number."

Even if he wanted to get away and visit for a while, he couldn't. State laws limit how far he can travel from the boilers and for how long: 200 feet and 15 minutes.

The boiler room is a large space. Harlander could get his exercise just walking around down there. Some boiler rooms are dark and dirty. This one is bright and clean. There is more than the main boiler and its two backups. There are back up power generators, water heating systems, water softening systems, steam producing systems, oxygen producing systems, air conditioning systems, and other unexplained chunks of steel and piping. This is equipment on a grand scale. It towers above you. A person could crawl inside the pipes that disappear into the ceiling. Even the gauges are the size of dinner plates.

Reading those gauges is one of Harlander's main tasks. The boiler operator is one of the few people in the hospital you wouldn't want to see working hard. A frantic operator would be the sign of something terribly wrong. If everything is going the way it should, the operator's main tasks are monitoring, adjusting, and making minor repairs. "That's the secret of keeping this job easy: keeping ahead of things. If you don't keep ahead, you can get in trouble real quick," Harlander says.

Between making the rounds of dials and gauges, Harlander sits at his desk, watching one computer screen that tracks the pneumatic tube system, and another that connects to a terminal controlling all central heating and cooling systems in the hospital.

The telephone rings. A voice at the end of the line tells him there's going to be surgery, an appendectomy. He needs to turn on the air in an operating room. By pushing a couple of buttons, it's done. Easing back in his chair Harlander touches his fingertips together. "You've got to trust the boiler room operator," he says. "Nobody's got a whip over him, but keeping the utilities going 24 hours a day is a must."

— John L. Pepper

Monitoring and adjusting all the hospital's power systems is operating engineer Al Harlander's major night task.

Security role changes, expands with the nights

It's Thirsty Thursday, so Ron Brouwer doesn't roam too far from the emergency trauma center. He knows that when the bars empty out it can spell trouble for emergency.

"Alcohol, you know. It can get wild and woolly down here," he says. But he's a big man, young and strong, so the chances are he can impose his authority. Still, there have been times when it has taken him and a couple of police officers to maintain control.

Two security men overlap their shifts between midnight and 2 a.m., so that the emergency room's busy hours are well covered. But there's more to his work than crowd control. At night, with the maintenance people gone, he becomes a jack of all trades, changing lightbulbs, helping move things around, whatever comes his way.

For a while security staff could count on getting calls about a mentally disturbed lady who used to run away from home and hide out in hospital hallways. But she's not around anymore, Brouwer says. He escorts people to their cars when they call. Most nights he has 5 to 10 staff members call him for the escort service. Part of his routine is going out to the ramp and walking around, just checking. This night, he's barely two steps from the door when he begins slipping on the sidewalk. He calls the second security officer on his walkie talkie. "We'd better put some gravel down on the sidewalks. They're icing up real bad." In the ramp everything seems to be normal. "It isn't always like this," Brouwer says. "Occasionally we get people camping out here. And of course you get the back seat episodes."

It's too cold for that. So this Thursday, as Brouwer heads off to write his nightly report, it remains incident free.

— John L. Pepper

Checking the ramp for loiterers is part of Ron Brouwer's night routine.

Team effort gets patients, M.D. through the storm

Through rain, sleet, snow or sunshine, no matter what kind of weather Saint Cloud Hospital is open, caring for patients.

Things were no different one snowy day in mid-November when Central Minnesotans woke up to radios blaring school closings and road conditions. Minnesota's first major snowstorm had just blown in.

Now while the hospital is always open, sometimes it can be a little tough for employees to get to work; and for that matter, for patients to make it in for their treatment or therapy.

"We do things like that without hesitation as long as there are no calls pending. We enjoy teaming together to help out."

Dr. Jack Stinogel was to be at the emergency trauma center at 7 a.m. that morning. "We live on a cul-de-sac and our road hadn't been plowed, there was no way I could get out," he said. Stinogel promptly called into the unit to let them know he would be running late. "They said, 'Wait a minute, Murphy's (Ambulance) got a crew here, maybe they can pick you up.' They came and got me. I just had to walk to the end of the cul-de-sac."

Murphy Ambulance provided transportation for a number of people that day, according to Tom Janski, vice president. "We went and picked up Dr. Stinogel in a private four-wheel drive vehicle and did the same with two out-of-town dialysis patients who normally come in our Med Cab. We knew we had to get them there. We also dropped off and picked up several nurses in the ambulance. Our crews were out and about. We do things like that without hesitation as long as there are no calls pending. We enjoy teaming together to help out."

The chronic dialysis staff joined in the effort as well. The staff made it to work but they knew the drifts of snow were making things difficult for their patients; only one patient had showed up. "We knew the others were probably having trouble getting in. They *have* to come in. It 's important for them to have their dialysis treatments otherwise they'd be very sick," said Laurie Braun, an LPN in the dialysis unit.

"We went and picked up Dr. Stinogel in a private four-wheel drive vehicle and did the same with two out-of-town dialysis patients who normally come in our Med Cab."

Braun decided to enlist the help of her husband, Doug, and his four-wheel drive vehicle. He went and picked up five dialysis patients in St. Cloud and Sauk Rapids. "For him it was no big deal, he didn't hesitate to help. And the patients were extremely grateful."

— Diane Hageman

BENEFIT WI$E

Q. What are tax deferred annuities?

A. Tax deferred annuities (TDA's) are the result of a special provision of the Internal Revenue Act which encourages you to play an active role in financial planning for your future. With a TDA, you can contribute a portion of your salary on a before-tax basis through deductions in your payroll check.

Q. Why should I participate in a TDA?

A. The main reason is that because a TDA is a before-tax deduction, you will be saving tax dollars. By participating in a TDA, the money contributed is not taxed in the current year or in any year in which you participate. The money put into a TDA will not be taxed until you withdraw it, which, in most cases, is at retirement.

Q. What are the advantages of a TDA over an IRA?

A. Normally, you can deposit more into a TDA than into an IRA. Also your TDA deposit is on a pre-tax basis each pay period that it is deducted, whereas, the IRA does not provide tax savings until the end of the year when your tax return is filed. Furthermore, if you are a participant in our pension plan and/or tax deferred annuities, an IRA may not be tax deductible depending on your total income. You should check with your own tax adviser on your income status.

Q. How much can I deposit?

A. Your minimum deposit ranges from $5 to $25 per pay period, depending on which investment company you select. As a general guideline, you can deposit 15-20% of your pay. The maximum you can deposit is based on your salary, years of employment at SCH, and past contributions to the retirement plan by SCH on your behalf. The Human Resources Department can assist you in calculating this allowance.

Q. What types of funds are available?

A. SCH offers four companies as investment options: American United Life, The Hartford, Investors Diversified Services (IDS), and Lincoln National Multi-Fund. Each company offers a different line of options. These options include guaranteed (fixed) interest, growth plans, money market funds, etc. All of these options have varying levels of risk. To obtain information for a specific plan, please consult the TDA brochures provided in the Benefit Resource Center.

Q. How do I enroll?

A. After you have reviewed the information provided on each investment option, select the company and investment fund. Determine the amount per pay period you wish to deposit and complete the appropriate enrollment forms authorizing your participation. These forms are available in the Benefit Resource Center.

Patient questionnaire

Reporting Quarter: October 1 - December 31, 1988.

Approximately 22% of 3,629 patient questionnaires sent during this period were returned. They provided results which were consistent with other quarters in their general trends. But again, they point out to us how important each and every contact is between hospital staff and guests. We have included a few selected results.

	This qtr. Excel/good	Last qtr. Excel/good
ADMISSION		
Courtesy/consideration	97%	97%
ACCOMMODATIONS		
Cleanliness	96%	97%
Quietness	81%	83%
NURSING		
Your nurses responded to your personal concerns in a caring and professional manner.	95%	95%
TREATMENT BY OTHER HOSPITAL PERSONNEL		
Did our staff show consideration, put you at ease, and explain tests and procedures?	97%	98%
BUSINESS OFFICE ARRANGEMENTS		
Courtesty and professionalism of business office personnel.	94%	96%
Adequate explanation of charges.	86%	88%
YOUR GENERAL IMPRESSION OF THE HOSPITAL	96%	95%

This was the first hospitalization at SCH for 42% of the respondents. In almost every area, the results show people complimenting and criticizing the hospital for the same services. The difference in how SCH is perceived is usually as a result of personal contact. Each hospital employee needs to keep that in mind during each and every contact with the public.

Promotions

Jackie Ault, graduate nurse, kidney dialysis, to RN level II.

Carol Belling, RN level II, A & C, to assistant manager, A & C.

Janna L. Cannon, RN level 1, 4 north, to assistant manager, Family Birthing Center.

Henry Chapa, respiratory therapy tech (UNC), respiratory care, to non reg RT cert. RT tech.

Verdelle Dingmann, echocardiographic tech, diagnostics, to senior echocardiography tech.

Jeanne Eveslage, RN level II, PACU, to RN level III.

Patricia Gilbert, graduate practical nurse, A & C, to licensed practical nurse.

Barbara January, manager, hospice/home care, to interim manager, Home Medical Care.

Lori Johnson, RN level II, MHU, to RN level III.

Vi Kelm, physical therapy coordinator, physical therapy, to chief physical therapist.

Peggy King, A & C counselor, A & C, to A & C senior counselor.

Nancy Konkel, respiratory therapy tech. (UNC), respiratory care, to non reg RT cert. RT tech.

Gwendoline Kunkel, RN, home care, to interim assistant mgr., hospice care.

Colleen Layne, RN level II, SDS, to RN, level III.

Terri McCaffrey, RN, level II, 3 south, to maternal child educator.

Diane Pelant, LPN, 4 northwest, to graduate nurse, Family Birthing Center.

Julie Peterson, licensed practical nurse, 2 northwest, to RN level I, 4 south.

Mary Porwoll, medical transcriptionist, A & C, to psychometrist.

Amelia Sauer, LPN, MHU, to graduate nurse, float pool.

Karen Schmitt, RN level II, 4 north, to RN level III.

Peggy Simon, RN level I, L & D, to RN level II, NICU.

Gail Thorson, sr. ECG technician, diagnostics, to electrodiagnostic tech, cardiology.

Karen Trutwin, RN, level II, 4NW, to RN level III.

Susan Weisbrich, assistant manager, hospice, to interim manager, hospice/home care.

Sharon Williams, sr. ECG technician, diagnostics, to electrodiagnostic tech, cardiology.

Achievements

Henry Chapa, respiratory care, passed his respiratory care certification exam.

James H. Kelly, MD, FACP, received the Minnesota Chapter of the American College of Physicians Laureate Award. Only three physicians received this annual award. It is awarded to Minnesota members, fellows, and masters of the American College of Physicians whose lives and careers have demonstrated a dedication to excellence in medical care, the teaching of young internists, medical research, service to the college, and service to their community.

Sandy Jungers, R.N., C., 4 south, passed the national medical surgical nursing certification examinations.

Nancy Konkel, respiratory care, passed her respiratory care certification exam.

Ann Maray Kooiker, M.D., passed her examinations for certification in the medical specialty of Psychiatry.

Patrick McGuire, cardiovascular services, passed the National Registry examination and is a registered cardiovascular technologist.

Joanne Nei, R.N., C., 4 northwest, passed her medical surgical nursing certification exam.

Anita Roden, medical records, passed her test to become an accredited record technician.

Rich Schwegel, HSI manager, was appointed state representative for Minnesota's Association for Fitness In Business.

Clayton Skretvedt, social services manager, was elected president of the Minnesota Society of Hospital Social Work Directors.

Karen Trutwin, R.N., C., 4 northwest, passed her medical surgical nursing certification exam.

Roxanne Wilson, nurse manager of mental health, successfully completed the certification exam for psychiatric-mental health nursing.

Jo Zwilling, manager, 4 south, passed her medical surgical nursing certification exam.

center scan

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